

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000030

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: AMWARE LOGISTICS SERVICES OF JAX, LLC

**Current Principal Place of Business:**

936 CHAMBERS CT  
SUITE A-11  
EAGLE, CO 816315259

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5259  
936 CHAMBERS CT., A-11  
EAGLE, CO 816315259

**New Mailing Address:**

FEI Number: 58-2430191      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILHELM, MARK  
Address: 936 CHAMBERS CT, SUITE A-11  
City-St-Zip: EAGLE, CO 816315259

Title: MGR ( ) Delete  
Name: SMITH, JIM  
Address: 936 CHAMBERS CT, SUITE A-11  
City-St-Zip: EAGLE, CO 816315259

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SOPHIE MUELLER

MS

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date